

## COMBINED DECLARATION & POWER OF ATTORNEY - U.S.A Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHODS AND COMPOSITIONS FOR TREATMENT OF OCULAR NEOVASCULARIZATION AND NEURAL INJURY the specification of which

is attached hereto

	[]	was filed on _	as US A	pplication Se	rial No	
		or PCT Interr	ational Applicat	ion No		
		and was amer	nded on	(if applic	cable)	
I hereby state specification, including			d and understared by any amend			ove-identified
I acknowledge application in accordan priority benefits under inventor's certificate, o country other than the application for patent of before that of the Prior	ice with r 35 US or §365( ne Unit or inver	Title 37, Code SC § 119(a)-(d) a) of any PCT ed States, list ator's certificat	or §365(b) of a International appeared below and lee, or PCT International appeared to the second se	llations, §1.5 any foreign a oplication wh nave also ide	6(a). I hereby application(s) faich designated entified below	claim foreign for patent or l at least one any foreign
				_	[ X ]	
Number		Country	Day/Month/Yr fil	ed) Pr	riority Not Claimed	
I hereby clain application(s) listed bel		benefit under	35 USC §119	(e) of any	United States	s provisional
Application No.		Filing Date				

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

60/244,850

(check one)

[X]

November 1, 2000

Application No.

Filing Date

I hereby appoint **CARLOS A. FISHER, Registration No. 36,510** (to whom all communications are to be directed), and the below-named persons (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, with full power to appoint associate attorneys:

Name	Registration No.
Robert Baran	25,806
Stephen Donovan	33,433

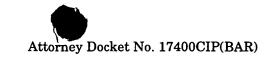


Martin A. Voet 25,208
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of the following correspondence address: Allergan, Inc., 2525 Dupont Drive, Irvin , CA. 92612

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR:						
First Name:		Initial	Last Na	Name		
James		A.	Burke	<b>:</b>		
RESIDENCE & CITIZENSHIP						
City	State or	Foreign Country		Country of Citiz	enship	
Santa Ana	Califo	rnia		USA		
POST OFFICE ADDRESS	<u> </u>					
Post Office Address	City		State or	r Country	Zip Code	
2409 East Avalon	Santa	Ana .	Califo	rnia	92705	
Avenue						
SIGNATURE OF INVENTOR			DATE:		<u> </u>	
FULL NAME OF INVENTOR:			l		<del> </del>	
First Name:		Initial	Last Na	me		
on			Lin			
RESIDENCE & CITIZENSHIP		L				
City		Foreign Country		Country of Citiz	enship	
írvine	California		USA			
POST OFFICE ADDRESS				<u> </u>		
Post Office Address	City		State or	Country	Zip Code	
2 Flagstone #936	Irvine		California		92606	
SIGNATURE OF INVENTOR	_		DATE:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	72000	
SIGNATURE OF INVENTOR			DAIL.			
FULL NAME OF INVENTOR:			<u> </u>		<del></del>	
First Name:		Initial	Last Na			
			Wheeler			
Larry RESIDENCE & CITIZENSHIP		Α.	vvnee.	<u> </u>		
City		Familian Causalina		Country of Citie		
Irvine	State or Foreign Country		Country of Citizenship			
irvine	California		USA			
				<u></u>		
POST OFFICE ADDRESS	Circ		<b>a.</b> .		12. 0.1	
Post Office Address	City Irvine			Country	Zip Code	
l8 Valley View	irvine		Califo	rnia	92715	



SIGNATURE OF INVENTOR	DATE:				
FULL NAME OF INVENTOR:					
First Name:	Initial	Last Na	Last Name		
Gerald	W.	DeVri	DeVries		
<b>RESIDENCE &amp; CITIZENSHIP</b>	<del> </del>				
City	State or Foreign Country	7	Country of Citizenship		
Laguna Hills	California		USA		
POST OFFICE ADDRESS			•		
Post Office Address	City	State or	Country	Zip Code	
25142 Bautista Drive	Laguna Hills	California		92653	
SIGNATURE OF INVENTOR			DATE:		